

RELINQUISHMENT (Birth Mother and/or Presumed Father)

I, the _____ of _____, a minor
We,

_____ child, born _____, _____, _____
SEX DATE CITY STATE

do hereby relinquish and surrender said child for adoption to

☐

AGENCY NAME

☐

CALIFORNIA STATE DEPARTMENT OF SOCIAL SERVICES

ADDRESS

ADDRESS

CITY STATE

CITY STATE

TELEPHONE NUMBER

TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California or authorized by Welfare and Institutions Code 16130 to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the headquarters office of the State Department of Social Services -- Adoptions Branch by said agency, all my/our rights to the custody, services and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

The foregoing instrument was signed on _____ by the said
DATE

_____ in the presence of us,
who have signed the same as witnesses thereto.

STATE OF CALIFORNIA

SS.

County of _____

On this _____ day of _____, 19 _____, before me, _____

an authorized official of the _____

an organization licensed by the Department of Social Services of the State of California or authorized by Welfare and Institution Code Section 16130 to find homes for children and place them in homes for adoption, personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she /they executed the same.

AUTHORIZED AGENCY OFFICIAL

TITLE